Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Project Name/Number: /

### Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: National Combined Benefits SERFF Tr Num: GRTT-126181980 State: ArkansasLH

Association

TOI: H02G Group Health - Accident Only SERFF Status: Closed State Tr Num: 42591

Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Howard Moy

Disposition Date: 07/29/2009

Date Submitted: 06/08/2009 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

#### **General Information**

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Not filed in Illinois.

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 07/29/2009 Explanation for Other Group Market Type:

State Status Changed: 07/29/2009

Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

In accordance with the requirements of 23-86-106(C) of the Arkansas Insurance Code, we submit copies of the following for approval of the National Combined Benefits Association:

- Articles of Incorporation and by-laws; and
- Certificate of Non-Profit Corporation status from the states of Arkansas and Illinois.

Company Tracking Number:

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We intend to market our group accident only policy (MP-1300 et al) to this association. The policy was approved by your state on August 2, 2007 (SERFF Tracking No.: GRTT-125206312).

Thank you for your consideration of this filing.

### **Company and Contact**

#### **Filing Contact Information**

Howard Moy, Senior Compliance Analyst hmoy@gtlic.com

1275 Milwaukee Ave. (847) 904-5786 [Phone] Glenview, IL 60025 (847) 699-0093[FAX]

**Filing Company Information** 

Guarantee Trust Life Insurance Company CoCode: 64211 State of Domicile: Illinois

1275 Milwaukee Avenue Group Code: 687 Company Type: Mutual 1275 Milwaukee Avenue

Glenview, IL 60025 Group Name: State ID Number:

(847) 460-4772 ext. [Phone] FEIN Number: 36-1174500

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# **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: 2 forms @ \$25

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Guarantee Trust Life Insurance Company \$50.00 06/08/2009 28433186

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Project Name/Number:

## **Correspondence Summary**

#### **Dispositions**

Status Created By Created On Date Submitted

Approved- Rosalind Minor 07/29/2009 07/29/2009

Closed

**Objection Letters and Response Letters** 

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Rosalind Minor 06/09/2009 06/09/2009

Industry Response

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Project Name/Number: /

### **Disposition**

Disposition Date: 07/29/2009

Implementation Date:
Status: Approved-Closed

Comment:

Please ignore my Objection Letter. This association was previously approved with another filing; therefore, we are approving it with this submission.

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Certificate of Non-Profit Corporation Status	Approved-Closed	Yes
Supporting Document	Article of Incorporation and By-laws	Approved-Closed	Yes

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Project Name/Number: /

#### **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 06/09/2009 Submitted Date 06/09/2009

Respond By Date
Dear Howard Moy,

This will acknowledge receipt of the captioned filing.

#### Objection 1

- Article of Incorporation and By-laws (Supporting Document)

#### Comment:

In order to continue our reviewof the National Combined Benefits Association, we need all the information which is outlined in the attached questionnaire.

As soon as the additional information is received, we will continue our review.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

We have received your filing regarding the above named association/ discretionary group. To determine if this organization is a qualified group under our statutes, please provide the answers to the following questions:

- 1. Name and address of the group.
- 2. Is this group incorporated? If so, give state of incorporation.
- 3. Is there a current office in Arkansas?
- 4. Does the Arkansas part of the organization have any officers, committees, or chapters? If so, give details.
- 5. Are annual dues charged? If so, specify amount.
- 6. What are the specific activities of the organization?
- 7. What benefits are provided to the members in addition to insurance? PLEASE ATTACH BROCHURES ON THE BENEFITS.
- 8. What qualifies an individual for membership?
- 9. How are members recruited? If by mailing list, advise the source of this list
- 10. Attach a copy of the organization by-laws.
- 11. Also, enclose a list of dues paying members residing in Arkansas with full addresses. If the organization considers this privileged information, we will treat it as such and once it has served our purpose, it will be destroyed.
- 12. Please attach a copy of the organization's most recent financial statement.
- 13. Does the organization receive any compensation of any kind from the insurer issuing contracts to its members?

Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.

Company Tracking Number:

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Product Name: National Combined Benefits Association

Project Name/Number: /

### **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Application

Project Name/Number:

### **Supporting Document Schedules**

Bypassed -Name: Flesch Certification Approved-Closed

Bypass Reason: N/A

Comments:

Review Status:

Bypass Reason: N/A

**Bypassed -Name:** 

**Comments:** 

Review Status:

Satisfied -Name: Certificate of Non-Profit Corporation Approved-Closed 07/29/2009

07/29/2009

07/29/2009

Approved-Closed

Status

Comments:

Attachment:

AR-IL Non-Profit Corp cert.pdf

Review Status:

Satisfied -Name: Article of Incorporation and By-laws Approved-Closed 07/29/2009

Comments:

Attachment:

NCBA Bylaws - Articles of Incorp.pdf

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Project Name/Number:

Attachment "AR-IL Non-Profit Corp cert.pdf" could not be reproduced here for the following reason: Unknown encryption type (4)

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: National Combined Benefits Association

Project Name/Number:

Attachment "NCBA Bylaws - Articles of Incorp.pdf" could not be reproduced here for the following reason: Unexpected end of file at file pointer 70